



# EPA KEY CONTACTS FORM

OMB Number: 2030-0020  
Expiration Date: 06/30/2024

**Authorized Representative:** *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

<b>Name:</b>	<b>Prefix:</b>	<input type="text"/>	<b>First Name:</b>	<input type="text" value="Denise"/>	<b>Middle Name:</b>	<input type="text"/>
	<b>Last Name:</b>	<input type="text" value="Koch"/>			<b>Suffix:</b>	<input type="text"/>
<b>Title:</b>	<input type="text" value="Director of Engineering &amp; Public Works"/>					
<b>Complete Address:</b>						
<b>Street1:</b>	<input type="text" value="155 Heritage Way"/>					
<b>Street2:</b>	<input type="text"/>					
<b>City:</b>	<input type="text" value="Juneau"/>	<b>State:</b>	<input type="text" value="AK: Alaska"/>			
<b>Zip / Postal Code:</b>	<input type="text" value="99801-1332"/>	<b>Country:</b>	<input type="text" value="USA: UNITED STATES"/>			
<b>Phone Number:</b>	<input type="text" value="(907) 586-0800"/>			<b>Fax Number:</b>	<input type="text"/>	
<b>E-mail Address:</b>	<input type="text" value="denise.koch@juneau.gov"/>					

**Payee:** *Individual authorized to accept payments.*

<b>Name:</b>	<b>Prefix:</b>	<input type="text"/>	<b>First Name:</b>	<input type="text" value="Sally"/>	<b>Middle Name:</b>	<input type="text"/>
	<b>Last Name:</b>	<input type="text" value="Steele"/>			<b>Suffix:</b>	<input type="text"/>
<b>Title:</b>	<input type="text" value="Accountant II"/>					
<b>Complete Address:</b>						
<b>Street1:</b>	<input type="text" value="155 Heritage Way"/>					
<b>Street2:</b>	<input type="text"/>					
<b>City:</b>	<input type="text" value="Juneau"/>	<b>State:</b>	<input type="text" value="AK: Alaska"/>			
<b>Zip / Postal Code:</b>	<input type="text" value="99801"/>	<b>Country:</b>	<input type="text" value="USA: UNITED STATES"/>			
<b>Phone Number:</b>	<input type="text" value="(907) 586-5215 x4068"/>			<b>Fax Number:</b>	<input type="text"/>	
<b>E-mail Address:</b>	<input type="text" value="sally.steele@juneau.gov"/>					

**Administrative Contact:** *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

<b>Name:</b>	<b>Prefix:</b>	<input type="text"/>	<b>First Name:</b>	<input type="text" value="Ashley"/>	<b>Middle Name:</b>	<input type="text"/>
	<b>Last Name:</b>	<input type="text" value="Heimbigner"/>			<b>Suffix:</b>	<input type="text"/>
<b>Title:</b>	<input type="text" value="Grants Manager"/>					
<b>Complete Address:</b>						
<b>Street1:</b>	<input type="text" value="155 Heritage Way"/>					
<b>Street2:</b>	<input type="text"/>					
<b>City:</b>	<input type="text" value="Juneau"/>	<b>State:</b>	<input type="text" value="AK: Alaska"/>			
<b>Zip / Postal Code:</b>	<input type="text" value="99801"/>	<b>Country:</b>	<input type="text" value="USA: UNITED STATES"/>			
<b>Phone Number:</b>	<input type="text" value="(907) 586-0800 x4173"/>			<b>Fax Number:</b>	<input type="text"/>	
<b>E-mail Address:</b>	<input type="text" value="ashley.heimbigner@juneau.gov"/>					

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**Project Manager:** *Individual responsible for the technical completion of the proposed work.*

**Name:** Prefix:  **First Name:**  **Middle Name:**

**Last Name:**  **Suffix:**

**Title:**

**Complete Address:**

**Street1:**

**Street2:**

**City:**

**State:**

**Zip / Postal Code:**

**Country:**

**Phone Number:**

**Fax Number:**

**E-mail Address:**